PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

transmirrage the BSOE FEE and POBLICATION FEE of required). Blocks I historiah 5 should be committed where

appropriate. All further correspondence including the Faven, advance unters and methodism indicated makes corrected below or directed observing in Black 1, by (a) specifying a new observation of the propriate observation o				representation address, antice (b) indicating a separate "FEE ADDRESS" for Form: A certificate of mailing can only be used for domestic mailings of the Foc(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
27581 MEDTRONIC, 710 MEDTRON MINNEAPOLIS	INC.	\$\$\$\$\$	State addr	Certificate sty control that this Foots is Postal Service with sift exect to the Mail Stop (mitted to the USPIO (\$7)	lesent postage for first SSUE FEE address at	Seposited with the United class mail in an envelope bove, or being facsimile
						Elimentorio mandi
						(Signotone)
			L			
APPLICATION NO.	FILSIG DATE		FIRST SIAMED INVESTIGE.	ASTON	NEY EXCKET NO.	COMMUNICATION NO.
18780L473 TITLE OF INVENTION	08/24/2003 : MEDECAL ELECTRA	CAL LEAD CONDUCTO	Joseph F. Lesse OR FORMED FROM MOE	newo mpisn alloy	P-88 (5,00	7617
ARPER TYPE	SMALL EXBITY	ISSUE FEE DEE	PUBLICATION FEETN.S.	PRES. PAID ISSUE FEE	TOTAL FEE(S) DES	DATE SEE
l benjevrisional	NO	\$1400	\$300	\$0	\$3700	.4
		ARTENE	G.ASS-SUBCLASS			
MAYO BI, WELIAM B		2833	. 174-128180			
O "Free Address" ind PTO/SE/47: Rev 63-6 Number to required. 3. ASSIGNEE NAME A PLEASE NOTE: Und recordation as set fort (A) NAME OF ASSE	ND RESIDENCE DAT. 1888 am nasioned is ideal 5 m 37 CPE 3 i i . Com ONEE	" Indication from and Use of a Contenter of a Contenter of a Contenter of the PRINTED ON and a solgower of this from it NO	or agents OR, alterioric (2) the name of a single ingistered attention of a 2 registered patent atten- fished, no name will be THE PATENT (print or type data will appear on the pa YT a substitute for filling and (B) RESIDENCE (CITY	e firm (having as a membe spent) and the names of sq says or agents. If no nam- printed. (a) (b) (c) (c) (c) (c) (d) (d) (d) (d	COMPANIES CONTRACTOR C	Barry Wolde-Michae
Medh Please classic decaparope	ronic, Finc			nneapolis,		n entry O Governmen
4. The following fee(s) Years Fee Yubitestien Fee (8 Cl Advance Order - :	we submitted: io visual entity discern) i of Copies	permitted)	ib. Paymon of Poets): (Plea A check is enclosed. I Payment by credit car		iously paid issue fee st	iswa sheve)
97.50	tus (from status indicate x SMALL ENTITY sas		The Amelicans is no loss	sec claiming SMALL ENT	TTV etatus Cou 12 FP	B TOTAL CONTRACTOR
			od from anyone other than (k Office.			
Asthonized Signature Typed as prested nast	(A)	A Garry		Date	~~~~~	
nds fann under saggest Boy 1430, Alexaedria, V Alexaudria, Vegesia 223	oes For reducing this bo traces 22313-1450 DR 13-1450	rdes fessilibe session) NOT SEND FEES OR	ion is peggind as abusin or t 1.14. This relianties is so y depending apon the indivi- se Chief information Office COMPLETED FORMS TO expend to a collection of inf-	ctain a benefit by the publi invalud to take 12 minutes idual case. Any comment it, U.S. Palent and Teatler > THIS ATTURESS. SENT	ic which is to Ille land to complete, sociading is as the amount of tim sark Office, U.S. Depar 7 TG: Commissioner 2	e you require to complite Amon of Commerce, P.O. or Palents, P.O. Box (480)